

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-976)

SERIAL NO.

09/529384
APPLICANT'S

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	2					
5	2					
6	2					
7	4					
8	5					
9						
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	2					
19	2					
20	2					
21	2					
22	4					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
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48						
49						
50						
TOTAL IND.		3				
TOTAL DEP.		23				
TOTAL CLAIMS		26				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						